

Check # \_\_\_\_\_

Date \_\_\_\_\_

## *East Cooper Christian Preschool* *2023-2024 Registration Form*

____ MMO	\$240.00	M,W	9:00-12:00
____ 2's	\$240.00	T, TH	9:00-12:00
____ 2's	Fun Friday		9:00-12:00
____ 3's	\$300.00	M,W, F	9:00-12:30
____ 4's	\$350.00	M-F	9:00-12:30

**Registration is a non refundable fee equal to one month's tuition.**  
**ECCP offers a 5% discount for tuition paid in full for the year.**

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name/Age of Brother(s) \_\_\_\_\_

Name/Age of Sister(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list specific details. \_\_\_\_\_

Preferred email for all correspondence?

\_\_\_\_\_

In case of Emergency, when parents cannot be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Doctor's name \_\_\_\_\_  
Telephone \_\_\_\_\_

3. If unable to reach above names, permission is given to take your child to hospital emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please attach a verification of immunization to this form or deliver it to the office before school starts. Also, state the general health of your child, indicating any special problems or allergies.

\_\_\_\_\_  
\_\_\_\_\_

If there is any other information (emotional, behavioral, or developmental) that you feel would be helpful to us in working with your child, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_

Tuition is due on the 1st school day of each month September - May.

A late fee of \$15.00 will be charged for accounts delinquent (after the 10th of the month). Tuition will not be adjusted or prorated due to the student's absence.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

